

# **PUBLIC PARTNERSHIPS VENDOR FISCAL/EMPLOYER AGENT MODEL INFORMATION SESSION**

*August 23, 2023*

# Financial Management Services (FMS) / Fiscal Intermediary

Financial Management Services provides assistance with distributing payroll, paying invoices, deducting required state and federal taxes and insurance, and monitoring budget amounts.



**Teresa McMahon**  
Self-directing with  
PPL since 2018.

You = We =  =

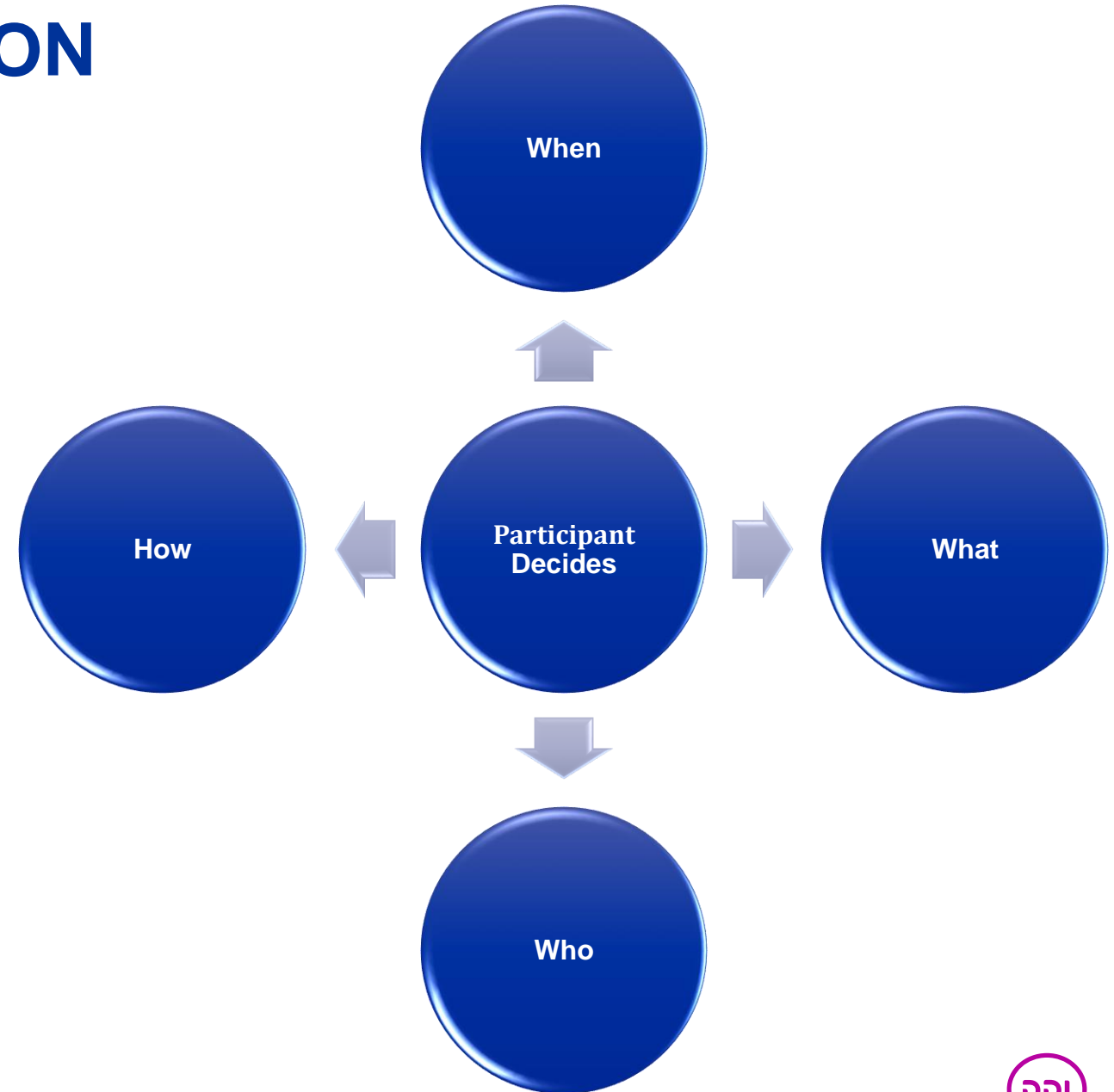
**Mission:**

*Transform more lives by making self-directed home care easier for all.*

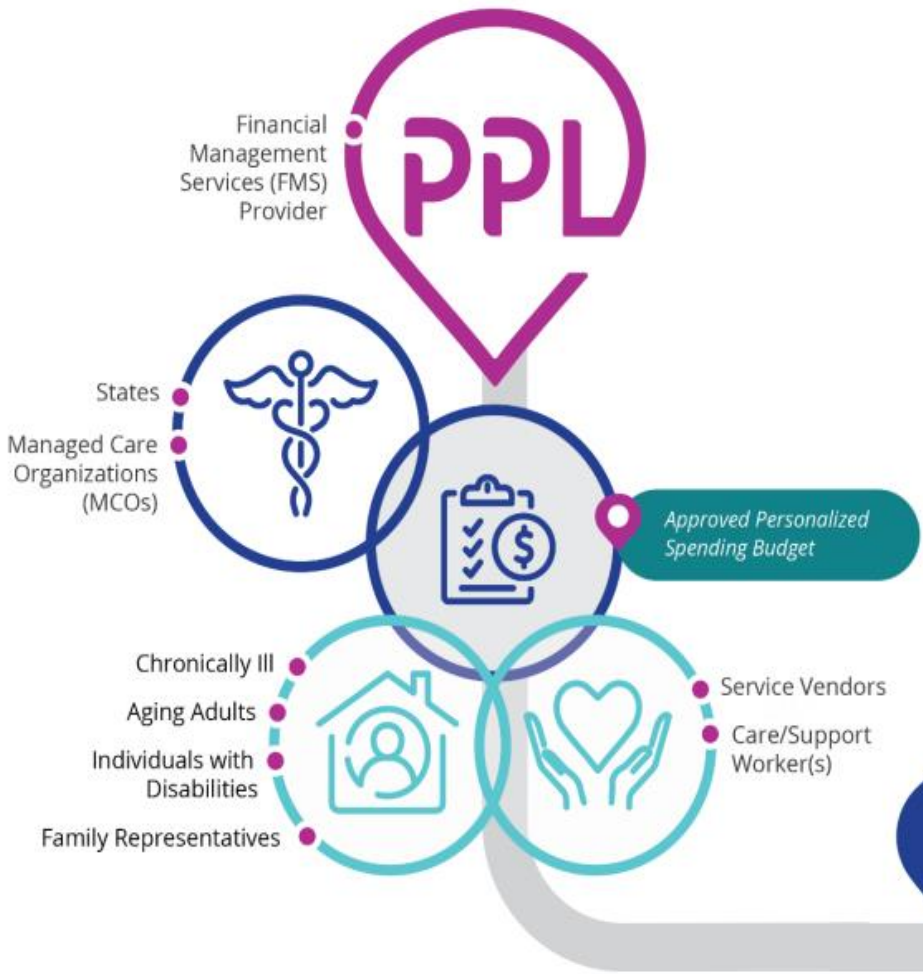


# DEFINING SELF DIRECTION

- ❑ Those who provide support and services are accountable to the individual receiving care
- ❑ The freedom for one to plan his/her own care
- ❑ Flexibility based on personal preferences.
- ❑ Participant decides When, What type of care, Who provides the Care how they receive care.



# DDD ENROLLMENT PROCESS



## Our Role:

We assist Support Coordinators and their assigned consumers throughout the enrollment process, which includes:

- » Preparing them for the role of an employer
- » Enrolling their employees and performing background checks
- » Provide outreach and education on self-directed services and DDD service offerings within the community, to advocacy organizations, and stakeholders groups to increase program awareness
- » Ongoing and timely communication regarding enrollment related activities

\*\* Adding a new SDE? You can reach out to your assigned DDD Specialist or call Customer Service at 1-844-842-5891.



- STEP 1**  
Receive Referral
- STEP 2**  
Complete Welcome Call
- STEP 3**  
Complete Enrollment Walkthrough
- STEP 4**  
Process Enrollment including background
- STEP 5**  
Provide update to the Support Coordinator and Conduct EOR Orientation

# Child Abuse Record Information (CARI) Checks

## Background:

- Pursuant to New Jersey Statute Title 9 section 9:6-8.10f, Self-Directed Employees providing community-based services to individuals with developmental disabilities are required to complete a Child Abuse Record Information (CARI) background check.
- The background check is completed by the New Jersey Department of Children and Families (DCF) and includes a check of the DCF child abuse registry. The check will identify if a person has a history of proven child abuse or neglect with DCF.
- Employees or individuals who have a history of proven child abuse or neglect may not work as an employee in the NJ DDD Self-Directed Option.
- Employees refusing to agree to a CARI check are not eligible to work as an employee.

## What to Expect:

- Public Partnerships will initiate the CARI check process once a self-directed employee packet is received. There is no cost to the employee for these checks.
- Once PPL initiates the CARI check process through the DCF registry site, the self-directed employee will receive an email inviting them to complete the CARI application online. This application process is required before an employee is eligible to work.
- The self-directed employee will begin the application process by clicking the link in the email and completing the **Application Specifics**. The applicant should select the following options:
  - **a.** Indicate Reason for CARI: **Community Provider/Agency**
  - **b.** Check the type that applies: **New Employee**
- Once all of the required information has been filled in on the online application, the employee will be asked for an Acknowledgment/Electronic Signature agreeing to the information submitted.
- Once the application is submitted and complete, Public Partnerships will receive notification from the Department of Children and Families of the completed application status.
- The CARI check results take several weeks to process. Self-Directed Employees can be hired but only continue working based on the results of the CARI check. If the CARI check results show a record of child abuse, the conditionally employed Self-Directed Employee cannot serve as a Self-Directed Employee in the NJ DDD Self-Directed Employee Option and employment will be terminated.

# Stephen Komninos' Law: Pre-Enrollment Drug Testing

## Background:

- The Stephen Komninos' Law requires that a person applying for employment as a Self-Directed Employee in the Division of Developmental Disabilities (DDD) Self-Directed Option consent to drug testing. The testing will be for dangerous controlled substances. Any individual who will not consent to drug testing cannot be considered for hire as a Self-Directed Employee.
- The Department of Human Services (DHS) covers the cost of the drug test. Drug testing will consist of urine screening for the following controlled, dangerous substances: • Cocaine • Opiates - including heroin, codeine/morphine, and prescribed semi-synthetic opioids • Amphetamines/Methamphetamines, and • Phencyclidine (PCP).
- The law states that an applicant who tests positive for the unlawful use of any controlled dangerous substance is not eligible for hire and therefore cannot be hired to work in the DDD Self-Directed Option. However, if the applicant test positive, he/she will be given an opportunity to speak with the Quest Diagnostics' Medical Review Officer (MRO) within 24 hours to discuss any relevant, legitimate medical explanations, such as a current prescription. During this review process, the applicant cannot be hired to work in the DDD Self-Directed Option.

## What to Expect:

- Upon confirming the email address after the Enrollment Packet is processed, i3screen, the DHS Drug Testing Vendor, will email a Pre-Enrollment Drug Testing Order to the applicant.
- The Pre-Enrollment Drug Testing Order requests the applicant to schedule an appointment at one of the Quest Diagnostic medical centers nearest to their address, providing this service. Appointments are scheduled through the i3screen portal. The link to the i3screen portal is provided in the email.
- The applicant will have two (2) business days to make and complete the drug test appointment. Failure to keep the scheduled appointment or complete the drug test within the required two (2) business days may be considered a refusal and enrollment may be suspended.
- Updated email addresses should be reported to Public Partnerships' customer service as soon as possible at 1-844-842-5891.
- At the scheduled appointment, the applicant will be asked to provide a urine sample. The urine sample will be sent to a regional testing center. Negative results will be provided to the Division of Developmental Disabilities through Public Partnerships within 48 hours. Positive results may take longer.
- In the event of a positive test result, a Medical Review Officer will contact the applicant to discuss the results. Failure to respond to the MRO within 24 hours will be considered a non-contact positive and the participant's enrollment may be suspended.
- The Division of Developmental Disabilities through Public Partnerships will suspend the enrollment if the applicant's urine sample tests positive. The applicant's employer will be notified within five (5) business days.
- Random Drug Testing - the Office of Program Integrity & Accountability (OPIA) has full responsibility of Drug Testing and random drug testing can occur at least once a year and may occur more often. During random drug testing, the provider will be required to submit a urine sample and the process is followed as noted above.



# OPTIONS & REQUIREMENTS FOR SELF-DIRECTION PROGRAMS

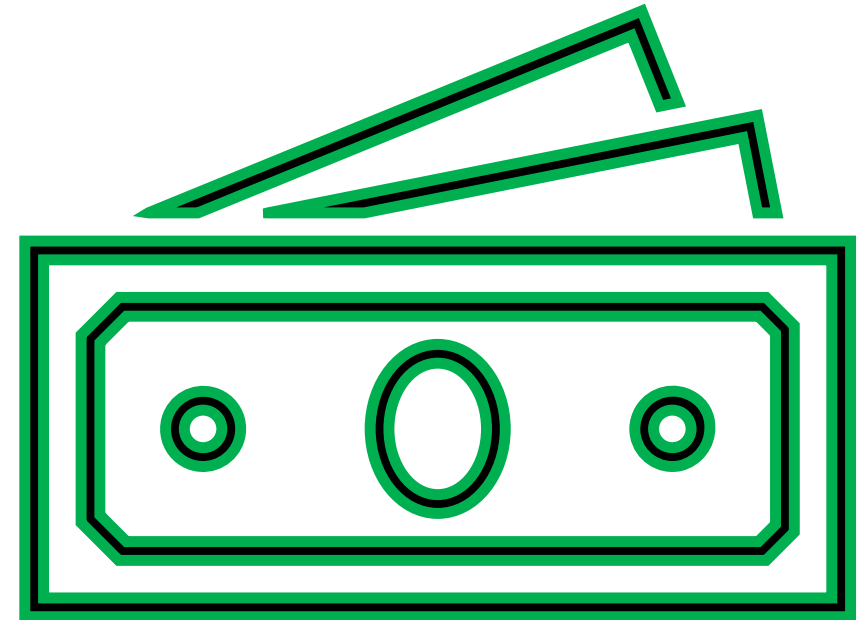
# Budget Authority Option

- ❑ Budget authority gives a participant the choice and control over what goods and services to purchase within his or her spending plan or budget.
- ❑ Most programs with the budget authority option, allow participants to purchase goods or services that promote their independence or reduce reliance on human assistance.
- ❑ Purchases must relate back to an assessed need documented in the person-centered care plan.



# Individual Budget = Authorizations

- ❑ Authorizations are the amount of Medicaid funds under the control of the participant to be used to hire an attendant and/or purchase goods & services to reduce human reliance or promote independence.
- ❑ Must be consistent and equitably determined across all participants.
- ❑ Typically, includes the cost of services that are self-directed.



# SELF-DIRECTED EMPLOYEE TRAINING REQUIREMENTS

## ***MANDATED TRAININGS FOR SELF-DIRECTED EMPLOYEES***

SDE Mandated Trainings (Regardless of relationship to the individual):

**Within six (6) months of hire:**

- DDD Stephen Komninos' Law
- DDD Life Threatening Emergencies (Danielle's Law)
- DDD Shifting Expectations: Changes in Perception, Life Experience, and Services
- Prevention of Abuse, Neglect, and Exploitation: Modules 1, 3, 4, 5, and 7

**Within six (6) months of hire and every two years thereafter:**

- CPR Certification (recertification every two years)
- Standard First Aid Certification (recertification every two years)

The Training Certification Form or the CPR/First Aid Recertification Form must be completed and submitted to PPL upon completion of the required trainings.

If the EOR is no longer associated with a SDE, the Employee Termination Form must be submitted to PPL immediately.

## TRAINING CERTIFICATION

<b>Employee Name</b>	
First: <input type="text"/>	Last: <input type="text"/> PPL ID: <input type="text"/>
<b>Individual Name</b>	
First: <input type="text"/>	Last: <input type="text"/> PPL ID: <input type="text"/>
<b>Employer Name (this must be completed)</b>	
First: <input type="text"/>	Last: <input type="text"/>
<b>Required Training</b>	
The following six trainings must be completed by all NJ DDD Self-Directed Employees (SDEs). A one-time reimbursement payment will be issued to an SDE after all trainings are completed and certified. Only one payment will be made per SDE, per lifetime.	
<b>Training</b>	<b>Date of Completion</b>
DDD Life Threatening Emergencies (Danielle's Law)	
DDD Stephen Komninos Law Training	
DDD Shifting Expectations: Changes in Perception, Life Experience and Services	
DDD Prevention of Abuse, Neglect and Exploitation – Module 1, 3, 4, 5 and 7	
Cardiopulmonary Resuscitation (CPR)	
First Aid (FA)	
<b>Service Plan Specific Training</b>	
The following four trainings must be completed by NJ DDD SDEs if medication administration applies to the services they will deliver.	
<b>Training</b>	<b>Date of Completion</b>
Medication Basics	
Working with Medications	
Administration of Medications and Treatment	
Follow Up, Communication and Documentation of Medications	
<b>Agree and Sign</b>	
I certify that I have completed these trainings and that (check one):	
<input type="checkbox"/> I have NOT been reimbursed previously from any agency and require payment.	
<input type="checkbox"/> I have been reimbursed previously and do not require payment.	
<b>Employee Signature:</b>	<b>Date:</b>
<input type="text"/>	<input type="text"/>
I certify that this employee has provided me with proof that these trainings have been completed, and that (check one):	
<input type="checkbox"/> This employee has NOT been reimbursed previously from any agency and requires payment.	
<input type="checkbox"/> This employee has been reimbursed previously and does not require payment.	
<b>Employer or Authorized Representative Signature:</b>	<b>Date:</b>
<input type="text"/>	<input type="text"/>

Once completed, submit the form via email to [njddd@pcgus.com](mailto:njddd@pcgus.com) or fax to 1-844-561-5978

## CPR/FIRST AID RECERTIFICATION FORM

Employee Name		
First:	<input type="text"/>	Last: <input type="text"/> PPL ID: <input type="text"/>
Individual Name		
First:	<input type="text"/>	Last: <input type="text"/> PPL ID: <input type="text"/>
Employer Name (this must be completed)		
First:	<input type="text"/>	Last: <input type="text"/> PPL ID: <input type="text"/>
Required Recertification Training		
<p>The below recertification trainings must be completed by all NJ DDD Self-Directed Employees (SDEs) once every two years. A reimbursement payment will be made to a SDE once both courses have been completed and certified.</p>		
Training	Date of Completion	
Cardiopulmonary Resuscitation (CPR)	<input type="text"/>	
First Aid (FA)	<input type="text"/>	
Agree and Sign		
<p>I certify that I have completed the above recertification trainings and that (check one):</p> <p><input type="checkbox"/> I have not been reimbursed within the past 2 years for the current CPR/First Aid recertification and require payment.</p> <p><input type="checkbox"/> I have been reimbursed for the current CPR/First Aid recertification and do not require payment.</p>		
Employee Signature:		Date:
<input type="text"/>		<input type="text"/>
<p>I certify that this employee has provided me with proof that these trainings have been completed and that (check one):</p> <p><input type="checkbox"/> This employee has NOT been reimbursed within the past 2 years for the current CPR/First Aid recertification and requires payment.</p> <p><input type="checkbox"/> This employee has been reimbursed for the current CPR/First Aid recertification and does not require payment.</p>		
Employer or Authorized Representative Signature:		Date:
<input type="text"/>		<input type="text"/>

Once completed, submit the form via email to [njddd@pcgus.com](mailto:njddd@pcgus.com) or fax to 1-844-561-5978.

Use this form to notify PCG Public Partnerships when an employee will no longer be working for you. Please submit this form to us within 48 hours of termination. List the date and reason why the employee is no longer employed. The information you provide on this form will help us determine whether the employee is eligible for unemployment benefits.

Individual Information			
Individual Name:		Individual DDD Id: _____	
Street Address:			Apt./Unit/Suite
City:	State:	Zip Code:	
Phone:		E-mail:	

Employee Information			
Employee Name:		Employee PPL Id: PONJD _____	
Street Address:			Apt./Unit/Suite
City:	State:	Zip Code:	
Phone:		E-mail:	

Termination Information			
<b>Termination Status:</b>	<input type="checkbox"/> Voluntary Termination	<input type="checkbox"/> Involuntary Termination	
<b>Last Day of Employment:</b>	____ / ____ / _____		
<b>Employment Status:</b>	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	
<b>Average Work Schedule:</b>	Hours Per Day _____	Hours Per Week _____	
<b>Reason for Separation from Employment (check one):</b>	<input type="checkbox"/> Work abandonment: Employee failed to report for work for ____ consecutive days.		<input type="checkbox"/> Employer no longer had work available for employee at time of separation (lay-off)
	<input type="checkbox"/> Employee quit w/ verbal notice		<input type="checkbox"/> Employee dismissed (fired)
	<input type="checkbox"/> Employee quit w/ written notice		

X

Employer of Record (EOR) Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

This form and its attachments can be e-mailed to [njddd@pcgus.com](mailto:njddd@pcgus.com); faxed to 1-844-561-5978; or, mailed to Public Partnerships, LLC, Attention: NJ DDD, PO Box 51477. Phoenix, AZ 85076-1477



# TRAINING CERTIFICATION - CPR/FIRST AID RECERTIFICATION NOTICES

- **April 1 through May 31**

- All SDEs who were out of compliance during this time frame received a weekly email and/or phone message stating they must be compliant by completing all required trainings and must submit the appropriate Training Certification form or CPR/First Aid Recertification form to PPL by June 1, 2023.
- EORs/ARs also received a weekly message during this timeframe informing them that their SDE was out of compliance and the deadline to complete all required trainings and submit the appropriate form to PPL was June 1, 2023.
- Currently, all SDEs who remain out of compliance are now unable to provide services and receive payment until trainings are completed and the appropriate training form is submitted to PPL.
- An out of compliance SDE is unable to submit a timesheet and receives a message stating that all required trainings and the appropriate form must be submitted to PPL before a timesheet can be accepted.

- **July 25 through August 15**

- EORs/ARs, who have an out of compliance SDE, are receiving a weekly email informing asking if the SDE is still working for them and if they aren't, an Employee Termination Form is to be submitted to PPL. Termination of the SDE will make them inactive in the PPL System.
- If an EOR is no longer associated with a SDE, the Employee Termination Form, found on the Public Partnerships website, should be submitted to [njddd@pplfirst.com](mailto:njddd@pplfirst.com) or via fax to 1-844-561-5978 immediately.

# New Vendor Enrollment Package

Public Partnerships and the NJ DDD Self-Directed Option (SDO) Program is offering a more streamlined way for vendors to access important information, required forms and helpful instructions *all in one document*.

The ***NEW Vendor Enrollment Package*** is now available on Public Partnerships' NJ DDD website at [nj-ddd-vendor-enrollment-package-040423.pdf](https://www.nj-ddd-vendor-enrollment-package-040423.pdf) ([publicpartnerships.com](https://www.publicpartnerships.com)).

The New Vendor Enrollment Package includes the following:

- Enrollment Instructions
- W-9 Form
- Vendor Payment Information
- Request for Payment Form
- Request for Payment Form Instructions
- Vendor Payment Schedule
- Introduction to Betteronline
- Betteronline Registration Instructions
- Viewing Invoices in BetterOnline
- Authorized Representative Form

If you have questions, please contact our Customer Service Department by emailing [njddd@pplfirst.com](mailto:njddd@pplfirst.com) or by dialing 1-844-842-5891.

# GOODS & SERVICE PROCESS

# Good & Services Process

**All Goods & Services require Division approval in order for prior authorization to be provided for the purchase of the Goods & Services**

- The Support Coordinator will assist the individual in identifying vendors that are registered with PPL from which he/she can access the needed Goods & Services.
- The Support Coordinator will add Goods & Services to the ISP which will be submitted and reviewed by the Division.
- Once the ISP is approved, the prior authorization will be automatically transmitted to the Fiscal Intermediary.
- The Support Coordinator should send the Service Detail Report to the vendor that will be providing the approved Goods & Services.
- The Goods & Services provider will render services as prior authorized by the approved ISP and submit an invoice through the Fiscal Intermediary for payment.



# IMPORTANT PPL CONTACTS

1-844-842-5891 (English)  
1-844-842-5892 (Spanish)  
NJDDD-CS@pplfirst.com

**Customer Service Hours**  
Mon - Fri 8:00am - 6:00pm EST

## 1) General inquires related to PPL services

- a. BetterOnline Portal registration
- b. Login assistance or training
- c. Understanding timesheets, payments or Earning Statements
- d. Payment status
- e. Enrollment support and status
- f. Authorization details received by PPL

**NJDDD-ADMIN@pplfirst.com**

- 1) Receives Complaint and Appeal forms
- 2) After allowing at least one business day, receives escalated unresolved issues

1-844-561-5978 (fax)  
NJDDD@pplfirst.com

## 1) Receives program related documents only

- a. Enrollment forms
- b. Rate change forms
- c. Verification of employment
- d. Vender invoices
- e. Training Certification form
- f. CPR/First Aid Recertification form
- g. Employee Termination Form

**NJDDD-training@pplfirst.com**

## 1) Inquiries related to training requirements

1-844-231-4793 (fax)

## 1) Receives paper timesheets

\*\* Note: The previous pcgus.com email addresses can still be used through December 31, 2023



# Questions

